



Department of Administration  
 State Human Resources Division  
 P.O. Box 200127  
 Helena, Montana 59620-0127

## 2014 STATE EMPLOYEES' CHARITABLE GIVING CAMPAIGN FEDERATION APPLICATION AND AGREEMENT

The assigned SECGC federation code: \_\_\_\_\_

<b>Federation's name:</b> ( as it will appear in the donor guide):	
<b>Federation's legal name, if different.</b> Provide ABN or DBA authorization.	
<b>Federal EIN number:</b>	
<b>Organization information for giving guide</b>	
	<b>Mailing Address:</b>
	<b>City, State, Zip</b>
	<b>Organization Phone:</b>
	<b>Email</b>
	<b>Web Address:</b>
<b>Contact person</b>	
	<b>Name:</b>
	<b>Mailing Address:</b>
	<b>City, State, Zip:</b>
	<b>Daytime Phone:</b>
<b>Required</b>	<b>Email:</b>
<p><b>25 word description for the 2014 SECGC donor guide. Revise this if needed.</b></p> <p><b>If no description is listed here, please provide one or attach a separate sheet.</b></p> <p><b>Please do not include organizational name in this narrative.</b></p>	

In return for the right to participate in the 2014 State Employees' Charitable Giving Campaign (SECGC), the federation named in the Federation Application & Agreement certifies by signature at the bottom of this document that the federation meets the following terms and conditions:

1. Certifies that the non-profit and any participating non-profits it represents, meets all of the eligibility requirements listed in the 2014 Application Information for Federations and Their Affiliates, including:
  - a. Be in compliance with all federal, state and local laws and ordinances.
  - b. Account for its funds in accordance with generally accepted accounting principles (GAAP).
  - c. Use at least 70 percent of the funds raised from the campaign for the benefit of the people of Montana. If this is not the case, you must demonstrate in writing to the satisfaction of the Department of Administration and the Campaign Advisory Council that there is a substantial return or benefit to the people of the state.
  - d. Have an active Montana telephone number or website listed under the name of the organization.
  - e. Be directed by an active and responsible governing body whose members have no material conflict of interest and a majority of whom serve without compensation.
  - f. Conduct publicity and promotional activities based on its actual programs and operations, are truthful and non-deceptive, include all material facts and make no exaggerated or misleading claims.
  - g. Use the funds contributed by state employees for its purposes described in campaign materials.
  - h. Have a written policy and procedure of nondiscrimination in regard to race, color, religion, national origin, disability, age marital status or sex for the purpose of service, employment, membership or leadership.
  - i. Not share or sell names or addresses of state employee donors to anyone.
2. Agrees to abide by all participation requirements, procedures and campaign guidelines, including participation in a conference call for federation representatives prior to completing the application. Dates and times of conference calls are included on page 1 of the Application Information for Federations and Their Affiliates; registration instructions are noted there.
3. On the recommendation of the Campaign Advisory Council (CAC), authorizes the Department of Administration to acquire fiscal management services and program operations services on behalf of the non-profit for purposes of operating the campaign. The Financial Services Coordinator is responsible for paying campaign expenses approved by the CAC, receiving and verifying donations, allocating donations according to employee designations, and obtaining an independent audit. The Program Coordinator is responsible for activities associated with planning and carrying out the campaign, including preparation and distribution of materials, volunteer training, communications, etc.;
4. Agrees to indemnify the state, its officials, agents, and employees, while acting within the scope of their duties as such, harmless from and against all claims, demands, and causes of action of any kind or character, including the cost of defense, arising in favor of your non-profit's employees or third parties on account of bodily or personal injuries, death, or damage to property arising out of services performed, goods or rights to intellectual property provided or omissions of services or in any way resulting from the acts or omission of the non-profit and/or its agents, employees, subcontractors or its representatives under this contract, all to the extent of the non-profit's negligence and to bring any litigation in the First Judicial District Court of Lewis and Clark County;

5. Agrees to pay its proportional share of the expenses incurred in conducting the 2014 SECGC, based upon its percentage share of the gross campaign receipts as designated by the employees contributing. The expense of managing the campaign will include all out-of-pocket costs associated with planning and conducting the campaign. This typically averages below 10%;
6. Verifies that the person signing this agreement is authorized to bind the non-profit to this agreement, has read and fully understands the 2014 Application Information, agrees to its terms, and has attached all required documents and the application fee to this Application and Agreement; and

**\*Required Document Checklist Federation Application:**

- ☐ This entire signed Federation Application and Agreement Form.
- ☐ Copy of IRS Determination Letter verifying 501(c)3 status.
- ☐ Copy of the Montana Secretary of State's web page that shows your federation is currently registered to do business. Print and attach the page that shows the words "Active Status".0 and date "Last AR Filed" <http://app.mt.gov/bes>.
- ☐ Copy of your most recent audit with addenda showing disbursements.
- ☐ The Authorization Agreement for Direct Deposit (page 4)
  - ☐ (Check here if you would like to continue using the account currently on file from a previous campaign.)
- ☐ Complete list of non-profits that are affiliated with your federation for this campaign.
- ☐ The application fee with a check payable to: **State Employees' Charitable Giving Campaign** or **SECGC** totaling **\$60** for the Federation and **\$4** for every non-profit organization on the Federation's list that is a part of your application.

**Required Document Checklist Federation Affiliate Application:**

- ☐ Completed and signed Federation's Affiliate Application and Agreement.
- ☐ Copy of IRS Determination Letter verifying 501(c)3 status.
- ☐ Copy of their Montana Secretary of State's web page that shows organization is currently registered to do business. Print and attach the page that shows the words "**Active Status**" and date "**Last AR Filed**"; (See sample attached).

I understand that failure to comply with the rules and regulations governing the SECGC, or the terms and conditions of this agreement, may result in suspension from the campaign without notice.

*\* Before signing please make sure the above checklists are completed*

\_\_\_\_\_  
Signature and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Federation

May 2, 2014, 4:30 p.m. = the deadline for applications to be in the hands of  
Department of Administration, State Human Resources Division,  
P. O. Box 200127, Helena, MT 59620-0127  
or hand-delivery address: Mitchell Building, 125 North Roberts, Room 125, Helena, Montana

**The application materials may also be downloaded at the following:**

<http://hr.mt.gov/newprograms.mcp>

**AUTHORIZATION AGREEMENT  
FOR DIRECT DEPOSIT OF MONTANA SECGC  
FUNDS BY ITS FINANCIAL SERVICES COORDINATOR \***

☐ (Check here if the direct deposit authorization agreement was submitted for a previous campaign and banking information has not changed. No need to resubmit direct deposit information.)

**Please check the appropriate account for the direct deposit:**

**Federation's Name:** \_\_\_\_\_

Tax ID (EIN): \_\_\_\_\_

( ) Checking ( ) Savings

( ) Other Deposit Account \_\_\_\_\_  
Please Specify Type

\_\_\_\_\_  
Depository Name Branch ( ) Phone #

\_\_\_\_\_  
City State/Zip

\_\_\_\_\_  
Routing/ABA Number Account Number

This authorization is to remain in full-force and effective until five (5) business days after UWLCA has received written notification of its termination.

\_\_\_\_\_  
Authorizing Signature Date

\_\_\_\_\_  
Name - Please Print

\_\_\_\_\_  
Telephone Number

**\* Financial Services Coordinator = United Way of Lewis & Clark Area (UWLCA)**

**Please attach a copy of a deposit ticket or voided check for the above account.**

## Sample: Secretary of State Information Page to include with application.



Data Current as of...

If you are ordering a Certificate of Fact or Certificate of Existence, please make sure the Foreign/Domestic Corporation or Limited Liability Company is in "Good Standing". Enter the name of the business, and check to see whether their annual report was filed in the current year.

We are not able to provide a Certificate of Fact or Certificate of Existence unless the current annual report is filed.

If you would like to purchase a Certificate of Existence for this business entity, select the button below. You will be assessed a \$5.00 fee for this service.

[Get Certificate of Existence](#)

If you would like to purchase information on the principals (i.e., officers, directors, members, managers, partners, etc.) associated with this entity, select the button below. You will be assessed \$2.00 for each search you perform.

[Get Principals](#)

If you would like to purchase a Certificate of Fact for this business entity, select the button below. You will be assessed a \$15.00 fee for this service.

[Get Certificate of Fact](#)

[Do another Search](#)

[Search](#)

**Name:** UNITED WAY OF THE LEWIS AND CLARK AREA  
**ID #:** D032598  
**Type:** PUBLIC BENEFIT WITH MEMBERS  
**Jurisdiction State:** MT  
**Status:** ACTIVE  
**Status Reason:** GOOD STANDING

### Status Dates

**Expiration Date:**  
**Date of Incorporation:** 06/30/1966  
**Last AR Filed:** 03/07/2012  
**Suspension:**  
**Inactive Date:**  
**Diss/Withdraw/Revoke:**

### Additional Info

**Term:** PERP  
**Shares:**  
**Purpose Code:** CHARITABLE

### Agent

**Registered Agent:** TIM MCCAULEY  
**Address 1:** 75 E LYNDAL  
**Address 2:** PO BOX 862  
**City:** HELENA  
**State:** MT  
**Zip:** 59624-0000

### Disclaimer

Any statement by the Secretary of State's Office is not intended as legal advice and should not be construed as such. If you have specific legal questions, the Secretary of State's office urges you to seek professional legal advice.

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